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ABSTRACT

Two-way telephone conferences were developed to make continuing medical education conveniently available to health professionals in community hospitals. This manual describes: (1) the development of such conferences at the University of Missouri; (2) guidelines for both contributing faculty and receiving institutions in regard to format of primary and supporting presentation materials; (3) suggestions for moderators at the studio; (4) general instructions for receiving institutions (e.g., equipment and facilities needed, materials to be received, materials organization); and (5) program procedures for receiving institutions. (DAG)

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CONTINUING EDUCATION FOR THE

Health Professions

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INSTRUCTION MANUAL

FOR

TWO WAY TELEPHONE

CONFERENCE

IR00550 75

UNIVERSITY OF MISSOURI - COLUMBIA MEDICAL CENTER AND EXTENSION DIVISION

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This instruction manual has been prepared under the direction of the Committee for Continuing Medical Education, School of Medicine, University of Missouri - Columbia.

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Part I

DETAILS OF DEVELOPMENT OF TWO-WAY TELEPHONE CONFERENCES

(For Contributing Faculty)

The Two-Way Telephone Conferences, as originated and developed by the University of Missouri Medical Center and Extension Division, were instituted in an effort to make continuing medical education conveniently available to Health Professionals in community hospitals. These conferences, first started in 1966 in three locations for physicians only, have been highly successful and this fall (1968) have been expanded to 20 locations. The success of this program with physicians has led to the initiation of similar programs for other health professionals such as nurses, technologists and therapists.

Most of the institutions on the "receiving" end of the Two-Way Telephone Conferences can be rightfully considered to be community hospitals. Many Health Professionals at these hospitals, (physicians, nurses, technologists, etc.), have taken advanced, specialized training. It is strongly recommended that your presentation be sufficiently sophisticated so as to capture and retain the interest of these specialized groups (if this seems feasible), yet not be so far advanced as to present undue difficulties of comprehension for the other members of the audience.

A conference (the duration of which is always one hour and never longer) starts with the studio announcer introducing the University of Missouri Medical Center moderator. This person is usually a physician or other appropriate health professional on the full-time staff of the Medical Center. He is located in the studio at the Medical Center. The studio moderator starts the conference by greeting the participating health professionals at the receiving institutions. Following this, he introduces the faculty (by name and title) who are presenting the conference. Immediately thereafter the taped recording (see discussion below) of the presenting faculty is played from the studio. At the end of the taped recording (about 30 minutes in duration) the studio moderator thanks the faculty and requests the hospital moderators (who transmit the questions from their respective groups) to gather questions from their colleagues. The studio moderator usually makes a few general announcements and then "opens the network" for the question-and-answer or discussion session. This continues until the end of the hour allotted to the conference.

During this period the studio moderator not only guides the question-and-answer period, but also serves as line traffic control officer. Since every participating institution has a two way speaker phone, and since only one such phone can transmit at any given time, each hospital moderator must await the studio moderator's cue before transmitting. A specially designed signaling device is being developed by the Medical Center experimental shop, which will enable a hospital moderator to signal the studio when he has a question. This will save time and also identify the location(s) having questions. It is

hoped to have this device installed at each location sometime during the first year's operation. Until such time the studio moderator will initiate a roll call procedure (see discussion under receiving institution) for polling the institutions for questions.

Experience has shown that the optimal duration for the "formal" presentation - the "lecture" which is taped - ranges between 25 and 38 minutes. Anything less than 25 minutes does not permit the presenting faculty enough time to develop the conference subject to a sufficient degree. Although some subjects could be developed to advantage into a 40 or 45 minute presentation, this would not allow time enough for a discussion session. It must be kept in mind that the conference is strictly limited to 60 minutes. Thus, in preparing for your taped presentation, it is strongly recommended that it be from 30 to 32 minutes in length, with the extreme range being 25 to 38 minutes.

The content of your telephone presentation may be considered in much the same light as if you were preparing a paper for presentation at a professional meeting. Certain limitations must be observed, however. The content of the presentation must not consist entirely of a report of a particular piece of research, nor of a historical review of the subject in question. However, either or both of these elements may be included in abbreviated form at your discretion. In general you will be speaking on the selected subject and your talk should be designed so that its content is useful to the practitioners who are your audience. This means that your presentation should be prepared with the interests of your audience in mind. The health professionals in your audience participate in the conferences with the expectation of gaining useful new knowledge or refreshing their memories on subjects which will help them to provide better patient care.

It would be wise to give careful consideration to the character of your presentation. It is recommended that it be so structured as to be thought provoking to your telephone audience and in that way to help generate the questions coming from the participating health professionals in their community hospitals during the question-and-answer period. A sterile recitation of facts is rarely stimulating; in contrast, a dynamic presentation can be productive of thoughts which give rise to intelligent questions. Important points should be appropriately emphasized and irrelevant information should be omitted. Well planned visual materials, usually colored slides, will be of great help in stimulating audience interest and attention.

It has been learned by experience that the type of presentation most suitable for telephone is one involving two speakers. Only the rare gifted individual can keep a telephone audience "on the edge of the chair" for a full half hour; the inclusion of more than three speakers during the allotted time period does not permit any one of them to develop his segment to a sufficient degree. Thus it is recommended that at least two speakers be involved in the taped portion of the conference and no more than three except in rare cases. The time allotted to each of the speakers and the manner in which such time is utilized is the perogative of the presenting faculty.

There will be no live audience in front of you when you record your presentation. In the absence of varying facial expression and other audience reaction, you may find it difficult to pace yourself, and remember that your talk must fit in a narrow time span. Therefore, it is suggested you depend more heavily on a well edited script than on a few notes which you may prefer to use in a less structured situation. Remember, too, you can re-record your talk as many times as necessary to achieve the quality of presentation you desire.

Keep in mind that your audience is hearing your presentation for the most part, rather than seeing it. Thus, any pertinent references you wish to bring to their attention should be included in the printed material made available to the audience prior to the conference.

No actual picture transmission is involved in the Two Way Telephone Conferences. Instead, each participating institution is supplied with a set of 35 mm slides prepared from the original visual material supplied by you. These slides are projected in each participating institution on cue as will be described below. The material on the slides generally should consist of illustrative or photographic (black-and-white or full color) material such as clinical photographs, roentgenograms, ECG's, medical art, graphs, diagrams, etc. Lengthy or complicated tables and charts which can be prepared on a typewriter or photographed for reproduction on paper in black-and-white should be sent to the Office of Continuing Medical Education as such for duplication. Each participating health professional will receive a copy of this material just before the conference is to begin. The other visual material (clinical photographs, roentgenograms, ECG's, etc.) for duplication in the form of 35 mm slides may be submitted in virtually any form although 35 mm slides or 3 1/4" x 4" glass slides are preferable. All of the original material sent to the Continuing Education Office will be returned to you when duplicates have been made.

The actual integration of the 35 mm slides and printed material into your presentation for a Two-Way Telephone Conference is accomplished in basically the same fashion as though you were giving a paper at a professional meeting. The slides should be considered an aid to your verbalization so that the audience will better comprehend your message.

How do you arrange to have the health professionals at participating institutions view the proper slide or refer to their printed sheets at the exact moment you wish to have them see such material? This is accomplished in a very simple manner. However, lack of precise attention to this particular feature of the taped presentation can and will cause considerable confusion in your audience and will greatly detract from the effectiveness of your presentation. When you would like your audience to view the first slide, use the following terminology:

"Please project Slide One"
or
"May we have Slide one now"

or

"Slide one, please"

The exact phraseology may vary according to the desire of the speaker, but the words "Slide One" must be included. When you are ready for the next slide, say: "Slide two, please", or a similar phrase with the essential words "Slide two." In similar fashion you can ask for the projection of subsequent slides as "Slide three", "Slide four", "Slide five", etc.

The following speakers should refer to their slides in sequential order. For example, if the last slide of the first speaker is number eleven, the first slide shown by the next speaker should be referred to as "Slide twelve"; the next would be "Slide thirteen", etc. In like manner, the third speaker (if there is one) would number his slides to follow the last one of his predecessor.

Material which will appear on printed sheets (each participating health professional in the community hospitals will be provided with a set) should be referred to as follows:

"In Printed Visual #1 on the sheet in front of you". Number the visuals in this series separately. Thus you will have a series of slides (e.g., #1 through #19) and a series of printed visuals (e.g., #1 through #11).

It may be thought that sequential numbering of the visuals is sufficient and that you need only say: "next slide, please." There are several reasons why this is not desirable for Telephone presentations. For example, it is possible that the projectionist at a participating institution did not hear you say "Next slide." In that case he would still be projecting the previous visual, and when you asked for the following slide, he would change to the second one rather than the third. Another reason for giving the specific number of the slide involves the peculiarities of the telephone network. Despite all the advanced knowledge which is available concerning transmission, there is always the possibility of an interruption at any receiving point. Such an interruption, even though lasting but a few seconds and wholly unknown to you, could well occur just at the time you are calling for the next visual. Thus, when Telephone reception is again resumed, the health professionals at the participating institution can easily "catch up" with you if you call for the visuals by their specific numbers.

Many presentations for Two-Way Telephone Conferences are so constructed that there is an appreciable interval between the utilization of any two successive slides. In such a case it is desirable that you say, just as soon as you believe that the previous slide is no longer relevant to your presentation: "Slide off, please." A practical working rule is to request "Slide Off" whenever your comments are no longer applicable to the slide being projected and you do not anticipate calling for another slide within a minute or two.

A point of importance concerns the time interval between successive slides. Bear in mind that the slide projectionists at participating institutions

usually are not experts at this task. Remember, also, that not all participating institutions use the newer automatic types of 35 mm slide projectors. In general, one should allow at least 15 seconds between any two successive slides. Give your audience enough time to understand what is on the slide.

In commenting on the material on the slides in your presentation, do just as you would if you had an audience in front of you in a meeting room or auditorium. If you wish your Telephone audience to note an object in a certain portion of the slide you might say: "In slide fourteen you can see in the upper right hand corner that the cells are disintegrating. Note the intense blue stain which they take." You can and should refer to the visual material in exactly the same manner as though your audience were right in front of you.

If the logical development of your presentation requires projection of a slide which has been shown previously, you should call for that slide by sequential number. The next slide will be a duplicate of the one you have shown before and you may refer to it in some such manner as: "Slide sixteen is a duplicate of the one I showed you a few minutes ago and shows . . . ."

The proper choice, number and use of slides and printed material to illustrate the points you wish to make is one of the most important factors in the presentation of a successful Two-Way Telephone Conference. Please give careful thought to the choice of your visuals, obtaining the best ones available.

Although it would be possible to present a two way telephone lecture without the use of visuals, either slides or printed materials, this procedure is strongly advised against. When no visuals are used, the only contact you have with your audience is your voice, and even the best of voices lose something in transmission through many miles of telephone lines. Attractive, well prepared visuals, form a common link between you and your audience.

When you send the visual material to the Office of Continuing Medical Education for duplication, please be certain that each unit is correctly numbered in the exact sequence in which you will refer to it in your presentation. We are guided strictly by your numbering.

The recording of your presentation on tape ("cutting the tape") must be very carefully done. For this reason, a sound proof, recording studio has been constructed in room M170 in the Medical Center and all recordings for the two way telephone conferences should be made there. You may make as many recordings as you feel necessary in order to obtain the quality of lecture you desire. In most cases, these recordings should be made at least two months prior to the scheduled lecture.

The actual Two Way Telephone Conference will be conducted from this same studio. Although the playing of the tape will require the first one half of the hour, the faculty member(s) presenting the lecture should be present during the playing of the tape in order to refresh their memories concerning

just what was said on the tape. The 2nd one half of the hour will involve the question and answer period and of course the lecturer(s) must be present at this time.

On those occasions when non University Medical Center faculty are involved in presenting the lecture, it may be necessary to arrange recording and transmitting sessions at other than the Medical Center Studio. This may be done with the assistance of the Office of Continuing Medical Education.

If you have any questions concerning any aspect of the development of your Two-Way Telephone Conference, please get in touch with the Office of Continuing Medical Education, M175 Medical Center, Columbia, Missouri, Phone 314 442-5111, X 561 or 562.

We are very grateful that you have consented to present a subject in a field of your specialized interest over the Two Way Telephone Conference of the University of Missouri Medical Center and Extension Division. It is fully realized that the time required to develop a first-rate conference of this type is considerable, but you may be certain that the enthusiasm and interest with which it is received by the health professionals at the community hospitals in our network will be in direct proportion to the care which is taken in its development. The best conferences are those which have been carefully planned and in which the visual elements complement the text to form a well-integrated unit. Your reward will come in realizing that you have made a significant contribution to the continuing medical education of your colleagues, practicing health professionals in community hospitals.

Part II

GUIDELINES

Although many of the procedures relating to the development of the Two-Way Telephone Conference are the responsibilities of members of the Office of Continuing Medical Education at the University of Missouri - Columbia Medical Center, certain information should be known at all participating institutions as well as by the individual speakers who will make the actual conference presentation. The following outline should be considered a guide. Should there be questions about any of the points, it is recommended that clarification be obtained from the Office of Continuing Medical Education at Columbia.

I. Nature of Audience

As presently conceived, the audience of the two way telephone conferences will fall into the following categories: Physicians, Nurses, Medical Technologists, Occupational Therapists, Physical Therapists, Radiologic Technologists, and other health professionals. Each conference will, of course, be directed to only one of these professional groups. Since the major focal point will be community hospitals, located throughout the state, emphasis will be placed on providing information which will be of value in solving the problems that health professionals will likely encounter in this setting.

II. Faculty Presenting the Conference

For the majority of lectures, the faculty will be drawn from the University of Missouri - Columbia Medical Center. However, on occasion, faculty drawn from practicing health professionals in the field will be used, and in some instances faculty from other Institutions may be used. Two, or at most three, individuals should comprise the presenting faculty for the majority of the lectures.

III. Duration of Taped Presentation

A. Minimal - 25 minutes

B. Maximal - 38 minutes

C. Optimal - 30-32 minutes

IV. Content of Taped Presentation

A. Comprehensive discussion of chosen subject designed to be useful, primarily to the practicing health professional. The presentation should be designed

in such a manner that it will be thought provoking and help to generate questions during the Q-and-A session.

B. The presentation should not be confined to a recital of research, although such data may be included in abbreviated form at the discretion of the guest lecturer.

C. In general, no one individual should speak continuously for more than 12 or 15 minutes before relinquishing the microphone to the next speaker. If desired, the first speaker may "return".

V. Visual Material Referred to in Taped Presentation

It is strongly recommended that each taped presentation have a minimum of 15-20 visuals. The average used in a good conference should be about 20-25, although as many as 40 or more may be utilized if they can contribute to the presentation. Lectures with only a very few visuals will likely not be as effective as those utilizing a series of well planned, high quality visuals. Allow at least 15 seconds between visuals. If there is to be an interval of more than two minutes between slides, say "Slide Off" when you have finished with that particular one.

A. Material to be Reproduced as 35 mm Transparencies

1. May be sent to the Office of Continuing Medical Education, M175, Medical Center, in the form of 35 mm (2" x 2") transparencies, 3 1/4" x 4" glass slides, photographs, tear sheets, ECG tracings, etc. All will be reproduced as 35 mm transparencies.

2. In taped presentation, refer to visual material as "Slide 1", "Slide 2", "Slide 3", etc. Second and succeeding speakers should continue the numerical order (e.g., if first speaker has 10 visuals, the first visual of the next speaker should be referred to as "Slide 11", etc.)

3. Do not attempt to crowd too much material on one slide! Leave wide blank margins on all four sides of the slide.

(a) For maximum effectiveness

Title: five words or less
Layout: simple; plenty of white space
Message: NO MORE THAN Seven lines
Size: Width of message no more than 1.3 times height

(b) Guard Against:

Crowding

Complexity
Abbreviations, unless universally used
Dates (may limit usefulness for future use)
Use of ditto marks

(c) Ineffective slides contain one or more of these elements:

Too many separate thoughts
Too much material
Abbreviations not clear
Titles too extensive
Violation of seven-line rule
Ditto marks
Complex layout

B. Material to be Reproduced as Printed Sheets for Distribution to Each Participating Health Professional

1. All visual material such as tables and charts which are too extensive or complicated to reproduce as a 35 mm transparency should be sent to the Office of Continuing Medical Education, M175, Medical Center, in typed form for reproduction. Number such information as a separate series to be integrated appropriately into your presentation. Refer to such visuals as "Printed Visual #1", "Printed Visual #2", etc.

2. It is recommended that material for printing include items like lists of drugs and dosages, specific directions for performing procedures and tests (if they are considered especially important), classifications of diseases, etc. (if they are considered useful for reference), and any other material which in your opinion would be useful for the practicing health professional to keep for future reference.

3. Submit to the Office of Continuing Medical Education, a listing of 6 to 12 carefully selected journal or book references, if available, of particular relevance or importance. This list will be made available to those attending the lectures.

4. It is very helpful to the participating health professionals to have before them, during the conference, an outline of your taped presentation, so notes can be made for future reference. Please send such an outline to the Office of Continuing Medical Education for duplication and distribution to those participating.

VI. Arrangements for Recording Taped Presentation

A. All presentations to be professionally recorded at a speed of 7 1/2 inches per second on a 7-inch reel.

B. Record only as agreed upon in consultation with the Office Of Continuing Medical Education. Do not attempt to make your own office or home recording; these are rarely, if ever, satisfactory.

VII. Due Dates for Tape, Visual Material for Printed and/or Slide Duplication

All materials for the conference are due in the Office of Continuing Medical Education two months before date of conference. For example, if your conference date is November 15, all materials should be in the office no later than September 15. Remember that considerable time is required to prepare and distribute the 35 mm transparencies plus the printed material required for your program.

SEE ACCOMPANYING FORM "CONFERENCE FACT SHEET" FOR SPECIFIC INFORMATION ABOUT YOUR CONFERENCE.

Part III

-SUGGESTIONS FOR MODERATORS AT THE STUDIO-

Please:

1. Come to the Studio, M170, Medical Center 10 minutes before program starts.

2. Please familiarize yourself with "Program Procedures" before coming to the Studio. Ask any questions you may have of the Studio Engineer or announcer.

3. At the time scheduled for the conference to begin, you will be introduced by the Studio announcer.

4. Waste no time in introductions of lecturer. I suggest "The subject for discussion today is _____(This will be on the notes)_____ and our speaker is Dr. _____, Associate Professor of _____, University of Missouri. Dr. _____." At this point the tape will be commenced and your microphone will be cut out of the circuit.
   You will be told the duration of the lecture and the close cue.

5. At the end of the lecture "Thank you Dr._____" Pause -

   "Now while you are passing your question cards to your moderator there are several announcements".

   1.
   2. These will be provided on the morning of the conference.
   3.

6. Question period: Your most important function. Some things that have been found helpful may be pertinent.

   a. You have several stations to call for questions so you must move things rather rapidly.

   b. If a questioner comes in with 2 questions then repeat the one you want first and make a note of the second one which you ask when the speaker has answered the first question.

   c. If the lecturer is puzzled or obviously needs time to frame his response then either repeat the question, paraphrase the question or request clarification.

   d. If there is a shortage of questions and the first 3 or 4 stations pass, it is a good idea to pump in a question or two of your own "I was

wondering, Dr. _____, if you have found - - - - - - etc."
This frequently breaks the ice - particularly if your question is a pretty unintelligent one.

e. Early in your call-in do not allow any station more than three comments or questions. Rather go back to them after you've been through all the stations.

f. Give every station a chance to ask a question. You must watch the time.

g. If time allows open the circuit to "further questions and comments"

Start off the discussion by calling in the first station on the list "_____, do you have any comments or questions?"

The station will come back with "No questions" or 3 questions" or "one comment and one question" and then they go ahead.

After the lecturer has replied, you may ask, "Does that answer your question, ____(station name)_____?" or "Does that satisfy you?" Frequently the station wants further clarification.

7. At the end of the hour you have several options:

1. Quit promptly if possible - this is best

2. If the discussion is good and lively warn them of the time and allow it to run until 5 minutes after the hour - no longer.

3. If there are no questions from anyone and the hour is not up - quit anyway. Do not try and drag it on for the full hour.

Before you quit ask them to:

"Fill in your evaluation cards and give them to your moderator."

"Be sure to sign the attendance register."

Announce next week's lecture - will be on your announcement sheet.

Thank you very much for doing this. I hope you enjoyed yourself.

Part IV

GENERAL INSTRUCTIONS TO THE RECEIVING INSTITUTIONS

I. Equipment and Facilities:

A. Room

The institution receiving the telephone conferences will need to designate a room of satisfactory size to accomodate the number of health professionals attending a given lecture. The phone company(s) involved will then install a 106B Unit (or instrument of equal capability) in this room. The room should be of such character that the audience may conveniently view the slides and hear the speaker clearly. In so far as possible outside noise and interference should be kept to a minimum.

Since many of the audience may wish to take notes, tables or chairs with writing arms attached are desirable. However, each institution will need to decide this particular point.

Depending on the location of the room and time of day, the lectures are received, it may be necessary to provide some means of darkening windows in order to clearly see some of the slides which accompany the lecture.

As there will be a rather large number of lectures available each month, it is hoped that the room will be readily available to the various groups, (Physicians, Nurses, Technologists, Therapists). Also arrangements will need to be made so professionals missing a given lecture or desiring to review, will have access to the slides, tape recorder and a listening-viewing room.

B. Equipment

1. Phone

As stated above the local phone company will install a 106B or or equivalent phone in the designated room. This phone should be located so the amplified voice of the speaker can be easily heard and understood throughout the room.

A moderator for each group should become thoroughly familiar with this instrument so that he or she may transmit questions and comments at the proper time. (See Program Procedures)

2. Slide Projector and Screen

A suitable projector and screen for projecting and viewing 2" x 2"

slides will need to be available in the Conference receiving room. The moderator or someone designated by him will need to handle the slide projector as slides are called for by the lecturer.

3. Tape Recorder

A tape recorder capable of playing the tapes supplied to each institution will need to be available in the Conference room or other designated viewing room, so that those wishing to review a lecture, or those who might have missed a lecture, can hear the tape and view the slides at a time convenient for them. A special report form will be used to report usage of slides and tapes in this manner.

II. Materials to be Received by Institution:

A. Slides

About 1 week prior to the lecture the institution will receive the set of slides to accompany this lecture. These slides become the property of the receiving institution and are to remain in the reference room of that institution, so they may be used for review or by those who may have missed a lecture.

B. Tape

A compressed speech tape recording of the lecture will be made available to each receiving institution within a short time following the actual lecture. This tape becomes the property of the receiving institution and should be conveniently filed with the accompanying slides for use by those desiring to review or make up a lecture.

C. Other Materials

All lectures will have a typed outline and some lectures will have charts, graphs and other printed materials. These materials will be sent to the institution along with the slides, in sufficient quantity that each participant will have a copy. Usually these can be distributed just prior to the lecture but occasionally materials for reference will need to be distributed some time ahead of the scheduled lecture.

A Call Schedule, listing the order for questions during the Q and A period will be sent with this material also.

D. Announcements of Lectures

Eventually an announcement containing all of the lectures for the coming year will be sent each participant. However during this beginning

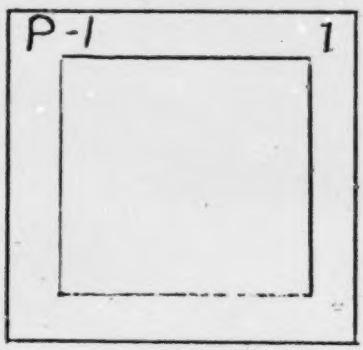
phase of the telephone lecture series, announcements concerning only the first few months will be available. These will be sent to the Hospital Administrator for distribution to the various health professionals participating.

III. Filing Systems:

Arrangements will need to be made for proper storage of the slide sets, tapes and other visual materials accompanying each lecture.

Filing should be done in such a manner that health professionals desiring to view or review slides and tapes would have no difficulty finding the proper slide, tape, etc.

Slides will be identified in the following manner:



in which the letter P designates Physicians; the figure 1 next to P designates Physician's Lecture #1; the 1 near the right edge of the slide designates this as slide 1 and 1, also, indicates slide placement in the projector. (Normally, grasping the slide between the thumb and forefinger, with the thumb covering the 1, and dropping into the Carousel Tray in this manner, assures that correct placement in the projector will be accomplished.)

Tapes and other visuals will carry a similar identifying code. In addition-all visuals and forms will be color coded as indicated below.

P = Physicians (green)
N = Nurses (blue)
M = Medical Technologists (canary)
R = Radiologic Technologists (pink)
O = Occupational Therapists (salmon)
PT = Physical Therapists (goldenrod)

IV. Forms and Reports:

A. Question Cards

Question cards will be furnished in advance of the lecture. These should be distributed to each participant before the lecture begins. The hospital moderator will collect the cards immediately following the taped lecture, so that he can transmit the question to the Studio when called upon by the Studio Moderator.

The Studio Moderator will open the question period by saying "_____, do you have any questions or comments?" The Hospital Moderator will respond by saying "Yes, _____ has two questions, (or 1 question, or no question, or some comments.)"

After the guest lecturer has answered the question, the Studio Moderator will ask "Does this answer your question, _____?"; and if the answer if affirmative proceed to the next station on the list, or if further clarification is needed, ask the guest lecturer to give this clarification.

Normally only two or three questions will be allowed one institution before proceeding to the next one on the list. If time permits, further questions will be permitted after each institution has been given an opportunity for questions.

The Question and Answer period can be one of the most meaningful of all educational experiences. We would encourage active participation in this portion of the series.

B. Evaluation Card

Moderators will be furnished a supply of simple evaluation cards. They will give each participant one card for each lecture. The participants will fill in the card and hand it to the Moderator at the close of each lecture.

These evaluation cards will be sent to the Office of Continuing Medical Education immediately following each lecture, along with the attendance roster discussed below.

C. Attendance

The only record of attendance required by the Office of Continuing Medical Education will be a form on which each participant will sign his (her) name. The form will be sent with the material for each lecture and should be signed by each professional attending the conference. All materials required to be sent to the Office of Continuing Medical Education may be sent in the self addressed return envelope included in the packet of materials.

V. Color Coding:

A color code will be used for all forms on visuals, so that filing and dis-

tribution will be facilitated. Printed visuals, outlines and bibliographies will be furnished for each participant. These will be punched for a standard 3 ring notebook and it is hoped that each health professional will begin a personal file for this material.

Part V

PROGRAM PROCEDURES

The system:

Two-Way Telephone Conferences are over a private line, leased by the Office of Continuing Medical Education, University of Missouri, Columbia, connecting us directly with your conference room. There are no operators, switchboards, or ringing involved. The circuit is "live" at all times and it is only necessary to turn on the speaker to activate your conference station.

The equipment:

1. Receiving Institution each have a 106B speaker to amplify the incoming program and a telephone handset to talk over the circuit. When you lift the handset from its cradle, you automatically cut out the speaker.

2. All stations have a 2" x 2" slide projector.

3. All stations have a tape recorder. (Will not be used during the conference, but is to be readily available for use by those wishing to review or who may have missed a lecture.)

The procedure:

The format for most programs will involve a formal lecture followed by a discussion period during which the receiving institutions on the telephone circuit will be called on in a pre-determined order to ask their questions. A call sheet will be included with the packet of material sent each institution prior to the conference.

Pre-program arrangements:

1. Arrange for someone to be present in the conference room about 15 minutes prior to program time.

2. Immediately activate your receiving equipment by turning on the loudspeaker. Leave the phone in its cradle.

3. Check that the slide projector is operating and the tray is loaded with the proper slides.

4. Distribute any program materials provided for individual participants.

5. Test reception:

Receiving Institutions will be called in pre-arranged order by the Studio in the Medical Center. Answer on the handset when called and let us know how you hear us. If we hear you well, we will move on to the next station; if not, we will take steps to correct the problem.

Lecture portion:

1. At the designated program time, the lecturer will be introduced and the formal portion of the program which has been pre-recorded will begin. When the lecturer wishes a slide to be shown, he will call for it by number (Slide 1, slide 2, etc.). Each slide has a number in the upper right hand corner of the mounting, visable when it is in the tray, so there is little chance for error.

2. At the conclusion of the lecture, there will be a period of brief announcements during which the moderator should collect question cards from participants.

Discussion period:

1. A "Call Schedule" is sent for each conference designating the order in which institutions will be called for questions. Those at the top of the list should be ready to ask questions promptly; those further down on the list should review the questions they have so they can discard those asked by a station ahead of them on the list.

   When your station is called, the moderator should let us know how many questions he has, and immediately ask the first one:

   "This is Bolivar. I have three questions. The first one is . . . ."

   Either replace the handset or depress the button on the cradle so that the answer can be heard over the speaker. (Lifting the handset automatically cuts out the speaker so that we don't get feedback over the circuit).

   When the first question is satisfactorily answered, go ahead with the second.

2. Except in unusual circumstances, programs will end at the specified time, or when all questions have been asked, whichever is sooner.

Post-program:

1. Feel free to come on the circuit at the conclusion if you have information

(projector inoperative, etc.) for us.

2. Collect the evaluation cards and roster and mail them to us in the envelope provided. We appreciate prompt return so that we can detect problems and correct them as soon as possible.

WE HOPE YOU WILL FEEL FREE TO MAKE SUGGESTIONS AT ANY TIME CONCERNING PROGRAM CONTENT AND ADMINISTRATIVE PROCEDURES. EVERY SUGGESTION WILL BE GIVEN FULL CONSIDERATION IN THE CONTEXT OF TOTAL PROGRAM REQUIREMENTS AND IMPROVEMENT.